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11/20/02
PATENT 5/5/3
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Mostafazadeh et al.

Attorney Docket No.:
NSC1P217D2/NS-3877-2

Application No.: 09/625,071

Examiner: Clark, S.

Filed: July 25, 2000

Group: 2815

Title: LEAD FRAME CHIP SCALE PACKAGE

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail to: Commissioner for Patents, Washington, DC 20231 on November 25, 2002.

Signed:

Lara M. Nelson
Lara M. Nelson

NOTICE OF APPEAL

Commissioner for Patents
Washington, DC 20231

Sir:

Applicant hereby appeals to the Board of Appeals from the decision of the Primary Examiner mailed July 25, 2002 finally rejecting Claims 11-13, 15 and 17-44.

The item(s) checked below are appropriate:

Appeal Fee: ☐ \$160.00 (Small Entity) ☒ \$320.00 (Large Entity)

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply:

☒ Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR

1.17(a)-(d)) for the total number of months checked below:

12/03/2002 AWDNDAF1 00000096 500388 09625071

01 FC:1401 320.00 CH
02 FC:1251 110.00 CH

NSC1P217D2/NS-3877-2

	<u>Months</u>	<u>Large Entity</u>	<u>Small Entity</u>
<input checked="" type="checkbox"/>	one	\$110.00	\$ 55.00
<input type="checkbox"/>	two	\$400.00	\$200.00
<input type="checkbox"/>	three	\$920.00	\$460.00

If an additional extension of time is required, please consider this a petition therefor.

☐ An extension for _____ month(s) has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.


Total Fee Due

Notice of Appeal Fee	\$320.00
Extension Fee (if any)	\$110.00
Total Fee Due	\$430.00

☐ Enclosed is Check No. _____ in the amount of \$ _____.

☒ Charge the above fees and any additional fees or credit any overpayment to Deposit Account No. 500388, (Order No. NSC1P217D2). Two additional copies of this Notice are enclosed.

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP


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